DATE: April 24, 2015

TO: Riverside County and San Bernardino County - EMS Transport Providers, Hospital CEOs, ED Directors, ED Nurse Managers and PLNs

FROM: Tom Lynch, ICEMA EMS Administrator
Bruce Barton, REMSA Director

SUBJECT: ICEMA/REMSA REGIONAL REDIRECTION PILOT PROGRAM

A regional workgroup comprised of representatives from ICEMA, REMSA, hospital executives, the Hospital Association of Southern California (HASC) and EMS provider organizations have been collaborating on solutions to mitigate the impact of Ambulance Patient off Load Delays (APOD). This group has determined that the complexities contributing to this problem yields no one easy solution. However, it has been generally agreed upon that a solution should be implemented for cases of extended APODs sooner rather than later. Therefore, the following Regional Redirection Pilot Program has been developed to be utilized for 90 days, starting May 1, 2015, for APOD cases extending beyond 90 minutes. This Pilot Program will allow this workgroup to analyze the results and determine other long-term solutions to this complex problem.

TL/BB/jlm

Attachments

c: San Bernardino County EMCC Members
ICEMA Medical Advisory Committee (MAC) Members
ICEMA System Advisory Committee (SAC) Members
APOD Task Force Members
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ICEMA/REMSA
REGIONAL REDIRECTION PILOT PROGRAM

This program is a collaborative regional workgroup effort between the Inland Counties Emergency Medical Agency (ICEMA), the Riverside County Emergency Medical Services Agency (REMSA), San Bernardino and Riverside County Hospital Executives, the Hospital Association of Southern California (HASC) and emergency ambulance providers. In partnership with the regional workgroup members, ICEMA and REMSA collectively have established the criteria and procedures delineated in this pilot program that authorize the temporary redirection of ambulances when extended Ambulance Patient Offload Delay (APOD) at a hospital impedes the rapid acceptance of patients and release of ambulances.

I. PURPOSE

This 90-day pilot program is designed to authorize the temporary redirection of ambulances from hospitals that have extended APOD to the closest most appropriate hospital that does not have extended APOD. The goal of this pilot program is to immediately and progressively decrease the occurrences of extended APOD. Extended APOD shall be defined as a single patient remaining on the ambulance gurney for 90 minutes or greater.

This pilot program is intended as an initial step toward a larger group of APOD mitigation activities that include but are not limited to:

- Community education on the appropriate use of 9-1-1 and EMS services.
- Feasibility of transportation of EMS patients to alternative medical facilities.
- Evaluation of alternatives for the triage and transport of patients with non-medical mental health diagnoses to include 5150 issues.
- Development and implementation of a regional patient destination or Base Station communications center.
- Low acuity 9-1-1 call referrals through authorized Emergency Medical Dispatch (EMD) programs.
- Long-term patient redirection policies.

II. PROCEDURE

A. Temporary Redirection of Ambulances Criteria

Temporary redirection of ambulances to another hospital shall only occur when efforts to offload the patient(s) to the hospital gurney, bed or chair have failed and the patient(s) remains on the ambulance gurney for 90 minutes or greater after arrival at the hospital (extended APOD).

- Ambulances will not be redirected away from hospitals after arrival. Redirection will only occur for ambulances still at the scene or *en route*.
- Temporary redirection from a hospital shall stop when ambulance patient offload time for all ambulances at that hospital is less than 90 minutes.
- Temporary redirection shall apply to all 9-1-1 emergency ambulances from any provider.

B. Overarching Patient Safety

Temporary redirection of patient destination is authorized only for patients that, in the judgement of the paramedic responsible for patient care and consistent with applicable treatment protocols, are stable and can safely be transported to an alternative closest most appropriate hospital not experiencing extended APOD.

- Trauma, Stroke or STEMI patients shall not be redirected by these procedures.
- The decision to temporarily redirect ambulances away from a hospital will not be made by the paramedic in the field.

C. Temporary Redirection Procedures

Prior to implementation of temporary redirection, the ambulance provider will verify with the hospital that extended APOD exists. Once determined that extended APOD exists, the following procedures will be used only upon confirmation that the temporary redirection criteria has occurred at a hospital:

- The affected ambulance provider is authorized to implement temporary redirection of ambulances.
- Patients shall be transported to the closest most appropriate hospital emergency department not experiencing extended APOD that is best able to accept and offload patients. Hospitals experiencing extended APOD shall be identified by the ambulance provider dispatch center in consultation with the affected hospital(s) and other applicable communications centers.
- Any questions or concerns regarding any hospital's ability to accept redirected patients should be directed to the respective ICEMA/REMSA Duty Officer (DO).
- If temporary redirection of patient destination is implemented, ambulance and EMS personnel must fully inform the patient(s) of the reasons for redirection.
- Hospitals are encouraged to call the ambulance provider once care of the patient has been transferred to the hospital to clear the temporary redirection status.
- When patient redirection is implemented, the ambulance crew shall note the following on the electronic patient care record (ePCR): **APOD REDIRECTION (documentation method to be determined by ICEMA and REMSA based on ePCR system capabilities)**
- The ambulance provider dispatch center shall immediately notify the respective ICEMA/REMSA DO and the affected hospital Chief Executive Officer (CEO) via e-mail when redirection is initiated. A follow-up e-mail shall subsequently be sent once redirection criteria are no longer valid (no ambulance remains on offload delay for over 90 minutes).
- A follow-up report shall be sent to the respective ICEMA/REMSA DO at the start of the next business day. Each division (operation) or Fire Department report shall include at minimum the total number of ambulances and unit designators that experienced extended APOD, total number of patients redirected, and occurrences of extended APOD by hospital as delineated in Attachment A - Reporting Requirements and CQI.

- Ambulance providers shall provide weekly reports to the respective EMS Agencies detailing the utilization of this pilot program.

- ICEMA and REMSA will provide monthly summary reports on the activities and progress of the pilot program to the regional workgroup.

III. DEFINITIONS (adapted from *Toolkit to Reduce Ambulance Patient Offload Delays in the Emergency Department,* © 2014 by the California Hospital Association)

Ambulance arrival at the ED - The time the ambulance stops (actual wheel stop) at the location outside the hospital ED where the patient is unloaded from the ambulance.

Ambulance at hospital time interval - The period of time between ambulance arrival at the hospital ED and ambulance return to service time.

Ambulance patient offload delay occurrence (APOD) - Resulting period of time produced when the ambulance patient offload time interval exceeds the established ambulance patient offload time interval standard.

Ambulance patient offload time - The time when the patient is physically removed from the ambulance gurney to hospital equipment.

Ambulance patient offload time interval - The period of time between ambulance arrival at the ED and ambulance patient offload time.

Ambulance patient offload time delay interval - The resulting period of time produced when the ambulance patient offload time interval exceeds the established ambulance patient offload time interval standard. It is the time accumulated when a patient remains on the ambulance gurney in excess of the offload time interval standard.

Ambulance patient offload time interval standard - The established system performance standard for the period of time between ambulance arrival at the ED and patient ambulance offload time.

Ambulance patient offload delay occurrence - The occurrence of an ambulance patient remaining on the ambulance gurney in excess of the offload time interval standard.

Ambulance return to service time - The time the ambulance is response ready after transporting a patient to a hospital ED.

Ambulance transport - The transport of a patient from the pre-hospital EMS system by emergency ambulance to an approved EMS receiving hospital.

DO - Duty Officer. Programs whereby REMSA and ICEMA staff are available 24 hours a day to maintain EMS system situational awareness and coordinate operational activities.

Extended APOD - A patient remaining on the ambulance gurney for 90 minutes or greater after arrival at a hospital.

ICEMA - Inland County Emergency Medical Agency, a California EMS agency that serves Inyo, Mono and San Bernardino counties.

REMSA - Riverside County Emergency Medical Services Agency.

Triage - The initial screening of the patient's presenting complaint, signs and symptoms, typically by a triage nurse, to determine the appropriate order for the patient to receive a medical screening exam.

IV. PROBLEM CONSIDERATIONS

Rural Area Providers: Small rural area providers that have very few ambulances may be seriously impacted if even one ambulance is held for 90 minutes or greater. As the pilot program progresses this dynamic will need to be evaluated to assure that rural providers are experiencing sufficient operational relief from the impacts of APOD intended in the goals of the program.

V. EVALUATION/METRIC

The incidence of extended APOD will be evaluated and benchmarked for the last two years. Within that two year period, occurrences will be identified and trended out with 90-day moving averages. Application of this data to a statistical process control chart will establish the historical baseline. Determination of pilot program progress will be through comparative analysis of data collected on the incidence of extended APOD during the 90-day implementation and historical baseline. This can be evaluated by hospital, EMS system and Region. Application of control metrics to the data may also be helpful for action planning. Upon conclusion of the 90-day pilot program, the regional workgroup will evaluate the effectiveness of the pilot program including the need for alterations, continuation, or termination.

Reporting Requirements and Continuous Quality Improvement (CQI): Ambulance redirection in accordance with this pilot program will include daily, weekly and monthly reporting responsibilities for ambulance providers, hospitals, and EMS Agencies. These roles are further delineated in Attachment A - Reporting Requirements and CQI.

VI. EXISTING APOD NOTIFICATION PROCESS - REMSA (*AMR Riverside County Required Supervisor Response to Ambulance Patient Offload Delay or APOD*, September 24, 2012)

A. In order to best address APOD as it occurs, it will be imperative that every supervisor tasked with handling these issues responds as outlined below. This will assure consistency in how APOD is managed throughout Riverside County. This will assure a much smoother and timelier "Transfer Of Care" (TOC).

1. Unit/crew advises "APOD".

2. SSC advises Communications Supervisor/Lead.

3. Communications Supervisor or Lead to make contact with the ED Charge Nurse to determine if a true APOD actually exists; and if so, what the projected ETA will be for the TOC to take place.

4. If the projected time to TOC is greater than 30 minutes, Communications Supervisor will make telephone contact with the appropriate Field or Associate Sup advising of the situation on a recorded line.

5. The Field or Associate Supervisor will respond to the ED and make contact with the ED Charge Nurse or PLN to see what can be done to expedite the TOC.

6. If the TOC is unable to be accomplished within ten (10) minutes, the Field or Associate Supervisor will make contact with the Communications Supervisor/Lead.

7. Communications Supervisor/Lead required to send a Reddi-Net message to include all Riverside County Hospitals and REMSA with the following message:

   a. *AMR has ___ units on APOD at the following hospitals for more than one hour. (List Hospitals). This is negatively impacting our 9-1-1 response system. Please clear units as soon as possible. Thank You.*

8. Repeat the Reddi-Net message above every 30 minutes until all units exceeding 60 minutes have completed TOC.

9. Please note that during normal business hours Monday - Thursday (except holidays); a Reddi-Net alert will suffice for notifying the REMSA Duty Officer. After hours and on weekends (Fri, Sat, Sun), telephone contact is required. Please make sure all phone calls are done so on recorded lines.

10. All Communications Supervisors are required to document in the incident comments section of the impacted unit/crew that a bed delay exists and what mitigating steps have been taken.

VII. NOTIFICATION PROCESS - ICEMA

A. Ambulance providers shall use their own internal processes to facilitate the following:

1. Provider Communication Supervisors shall notify their designated management personnel of bed delay status at each hospital.

2. When an ambulance crew has an extended patient offload time (greater than 25 minutes), the designated provider manager will receive a notification e-mail from its Communication Center. The ICEMA Duty Officer will also be included on these e-mails (for informational purposes only) so that they are aware of any developing situations.

3. If possible, provider management will visit the ED to assist in offloading patients into beds, chairs or the waiting room. Otherwise, they will phone the hospital and speak with the Charge Nurse on duty.

4. If patients still remain on ambulance provider's gurneys for extended periods of time the provider should make contact with the House Supervisor for assistance. If the House Supervisor cannot be reached, the caller should request that the hospital operator connect them to the Administrator on duty for assistance.

5. All status updates should be done by e-mail and indicate the information obtained from the hospital, including who they spoke with regarding ongoing offload issues.

6. In addition, status update e-mails should be sent as ambulance crews are being released from hospitals and the system is decompressing.

7. Requests for assistance with significant issues should be made by phone to the ICEMA Duty Officer. Do "not" call the ICEMA Duty Officer to simply "update" unless specifically requested to do so by the ICEMA Duty Officer. The caller who spoke with the hospital staff should be the person contacting the ICEMA Duty Officer.

ATTACHMENT A

ICEMA/REMSA
REGIONAL REDIRECTION PILOT PROGRAM
Reporting Requirements and CQI

I. AMBULANCE PROVIDERS

Under the Redirection Pilot Program, patient "APOD Redirection" must be documented on every associated transport ePCR corresponding to the patient. This redirection must be documented in a manner that allows the cases to be queried from the respective ePCR system without necessary reference to the ePCR's narrative text. ICEMA and REMSA jurisdictions may vary in documentation methods based on ePCR system capabilities. The following notifications and reports will be required of any and all ambulance providers that have utilized this redirection pilot program:

A. Redirection Notifications by Interval

The ambulance provider dispatch center shall immediately notify the respective ICEMA/ REMSA Duty Officer (DO) and the affected Hospital Chief Executive Officer (CEO) via e-mail both when redirection is implemented and when the redirection is no longer taking place.

B. Daily Follow-Up

A follow-up report shall be sent to the appropriate DO at the start of the next business day after redirection is utilized under this program. Each division/operation/company or Fire Department report shall include at minimum the total number of ambulances and unit designators that experienced extended APOD, total number of patients redirected including hospital destinations and facility triggering the redirect, and occurrences of extended APOD by hospital.

C. Weekly and Monthly Reports

Ambulance providers shall provide weekly and monthly reports to the respective EMS Agency detailing the utilization of this pilot program. Data included in the Daily Follow-up shall be the minimum dataset.

II. HOSPITALS

Hospital notification shall occur as prescribed above per redirection trigger. Hospitals receiving those redirected patients shall notify the appropriate EMS Agency of any incidents where patient redirection may have compromised patient care. Any suspected abuse of this pilot program shall be reported within 24 hours to the appropriate DO.

III. EMS AGENCIES

A. Reported data collected from the weekly and monthly reporting spreadsheets from ambulance providers will be analyzed and reported back as monthly summaries to the regional workgroup.

B. Data submitted for redirections will be reviewed by ICEMA and REMSA staff to validate appropriate use of the pilot program and the impact on patient care.

C. Any hospital incident feedback resulting in CQI investigations will be conducted according to EMS Agency policies. Issues that are discovered through CQI will be addressed and brought to the attention of the regional workgroup.